ł					
	SANTA FE		ONSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-110	
	FILE	•	AND	Effective 1-1-65	
ł	LAND OFFICE	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL		
I	TRANSPORTER OIL /	RECEIVED			
ł	OPERATOR /		•		
1.	PRORATION OFFICE		· · · · · · · · · · · · · · · · · · ·	MAR 1 4 1979	
Ì	Operator ARCO Oil and Gas Company - Division of Atlantic Richfield Company				
ł	Address			ARTESIA, OFFICE	
	P. O. Box 1710, Reason(s) for filing (Check proper box)	P. O. Box 1710, Hobbs, New Mexico 88240 eason(s) for filing (Check proper box) Other (Please explain)			
	New Well			tor Name	
	Change in Ownership	Oil Dry Gas Casinghead Gas Conden			
1	If change of ownership give name				
	and address of previous owner	•			
I.]	DESCRIPTION OF WELL AND I			· · · · · · · · · · · · · · · · · · ·	
	Empire Abo Unit I	001	ne, Including Formation re Abo	Kind of Lease State, Federal or Fee	
	Location			14	
	Unit Letter _ B_ ; 124	D Feet From The North Line	and Feet From	The East	
	Line of Section 6, Tow	nship 185 Range	28E , NMPM.	Eddy County	
			c <i>t</i> [†]		
.	. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Cil X or Condensate Address (Give address to which approved copy of this form i Name of Authorized Transporter of Cil X or Condensate 2300 Continental National Bank Bldg.				
-	Amoco Pipeline Company Name of Authorized Transporter of Casinghead Gas 💟 or Dry Gas 🔄 Address (Give address to which approved copy of this				
	Amoco Production Compa Phillips Petroleum Com	ny .	P.O. Drawer A, Levella 4001 Penbrook, Odessa,	nd. Texas 79336	
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected? Wh	hen	
1	give location of tanks.		Les !!	10-9-15	
If this production is commingled with that from any other lease or pool, give commingling order number: V. COMPLETION DATA					
	Designate Type of Completio	n - (X) Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	No Change	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth	
			· · ·		
	Perforations	•• •		Depth Casing Shoe	
		TUBING, CASING, AND	CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	······································				
V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exce				l and must be equal to or exceed top allow-	
i	IL WELL able for this dep Date First New Oil Run To Tanks Date of Test		pth or be for full 24 hours; Producing Method (Flow, pump, gas lift, etc.)		
	No Change				
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Oil-Bbia.	Water - Bols.	Gas-MCF	
		· · · · · · · · · · · · · · · · · · ·	<u> </u>	<u>. L</u>	
	GAS WELL	<u></u>			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size	
_		<u> </u>			
) E	CERTIFICATE OF COMPLIANO	ЭE.	OIL CONSERV	ATION COMMISSION 1979	
	I hereby certify that the rules and r	egulations of the Oil Conservation	APPROVED	, 19	
	Commission have been complied w above is true and complete to the	best of my knowledge and belief.	BYWUA	resset	
-	_ ·	, · ·	TITLE <u>SUPERVISOR</u> , <u>DISTRICT</u> II This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation		
	Denne 1. Rua	1			
	Derzel. K.um	to sture)			
	District Prod & Drlg St	upt.	tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-		
	3 8 79 (Tiu	le)	able on new and recompleted wells. Fill out Sections I, II, III, and VI only for changes of owner,		
	(Date)		well name or number, or transporter, or other such change of condition.		
			Supports Forme (-101 must be filed for each coul in multiply		